Town of Mt. Washington

Zoning Board of Appeals, c/o Town Clerk 118 East Street * Mount Washington, MA 01258 * (413) 528-2839

APPLICATION APPEAL PETITION

Signature of Tax Collector verifying that your tax payments are in good standing may be required before this application can be filed:

Under M.G.L. Ch	•	l licenses and permits; denial, revocation of Applicant/Petitioner tax payments are in g	-
	hington Tax Collector	Date	
		ditional instructions for filing this Applicate Repayable to The Town of Mt. Washington)	ation Form
(Assigned by ZBA	Clerk) PERTY ADDRESS:		
Map(s)	Lot(s)	Book(s) & Page(s)	
Mailing Ad Telephone l	dress:		
PRESENT OWN	ERSHIP SINCE:		
*** IC / O	4 1: (/D ::::		110

*** If the Owner or Applicant/Petitioner is a Corporation, Non-Profit Corporation or LLC, a certificate of good standing must be attached to this application.

APPL	IC/	λN΄	I/PETITIONER, IF DIFFERENT FROM OWNER:
REPR	ES	EN	TATIVE FOR APPLICANT/PETITIONER
Relatio	nshi	p to	Property Owner (Example – Spouse, Attorney, Engineer):
	Na	ıme	
	M	ailir	ng Address:
	Te	lepl	none Number:
	Er	nail	Address:
This f	orn	al	lows relief for the following options:
Please	ch	eck	one.
	()	by an order of Special Permit decision.
	()	by reason of his/her inability to obtain enforcement action from the Building Inspector.
	()	by reason of his/her inability to obtain a building permit from the Building Inspector.

Pursuant to Massachusetts General Law Chapter 40A, §14

In exercising the powers granted in the section, a board of appeals may, in conformity with the provisions of this chapter, make orders of decisions, reverse or affirm in whole or in part, or modify any order or decision, and to that end shall have all the powers of the office from whom the appeal is taken and may issue or direct the issuance of a permit.

Applicant asks the Board to:

Reverse the order or decision for the following reasons:	
(Write N/A if it does not apply to this appeal)	
Modify the order or decision for the following reasons:	
(Write N/A if it does not apply to this appeal)	

Direct the issuance of a building permit for the following reasons: (Write N/A if it does not apply to this appeal)
Please attach to this application is a copy of the order or decision from which the appeal is taker and any other relevant documents
Signature of Applicant/Petitioner:
Date:
Signature of Owner (if other than Applicant/Petitioner):
If you have any questions, please contact the Zoning Board of Appeals.

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